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ole fees, to:

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BA

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The Professional Section 1 F

Clearwater FL 33755

EXAMINER AND GROUP ART

(Date)
DATE MAILED

09/11/00

APPLICATION NO.

FILING DATE

04/06/99

019

TOTAL CLAIMS

FAY, Z

1614

First Named Applicant

LEZDEY,

09/286,740

35 USC 154(b) term ext.

0 Days.

TITLE OF INVENTION

METHOD OF TREATMENT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1434-	25 514-0	12.000 i	R87 UTIL	ITY YES	\$605.0	00 12/11/00
Use of PTO form(s) and Cu  Change of corresponder PTO/SB/122) attached.	address or indication of "Fee Addressomer Number are recommended, nee address (or Change of Corresponder (or "Fee Address" Indication form F	but not required.	(1) the names of attorneys or age the name of a member a regis and the names o	n the patent front page, list up to 3 registered patent onts OR, alternatively, (2) single firm (having as a stered attorney or agent) f up to 2 registered patent atts. If no name is listed, no name.	1. John 2	LEZDEYYAS
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